

STATE OF MINNESOTA

IN DISTRICT COURT

COUNTY OF RAMSEY

SECOND JUDICIAL DISTRICT
Civil Division

| | |
|--|---|
| <p>Terry Branson, et al., v. Minnesota Department of Human Services et al.,</p> <p style="text-align: right;">Petitioners, Respondents.</p> | <p style="text-align: center;">CASE FILE NO:62-CV-20-5412</p> <p style="text-align: center;">AFFIDAVIT OF BRAD STEVENS IN SUPPORT OF TRO</p> |
|--|---|

STATE OF MINNESOTA)

)ss

COUNTY OF CARLTON)

I Brad Stevens, hereby states and affirms the following:

1. Beginning in March of 2020, I was informed by MSOP Health Services staff, via Minnesota Sex Offender (MSOP) Memo, of the risk posed by COVID-19. These Memos informed me that MSOP staff had knowledge of the substantial risk that COVID-19 had on my health and safety. See TRO Exhibit A.
2. MSOP staff further informed me of the guidelines recommended by the Center of Disease Control (CDC). Those guidelines require that everyone wear a mask, wash their hands, and practice social distancing. These practices are meant to reduce the transmission and infections of the coronavirus.
3. MSOP Health Services staff alleged a plan to isolate and/or quarantine those who presented COVID-19 symptoms. They also alleged that clients would be tested and treated for COVID-19 if necessary.

4. MSOP Executive Director, Nancy Johnston, claims that she does not have authority to make improvements for my safety and health in regard to social distancing as applied to the recommendations of the CDC while confined at MSOP. See TRO Exhibit B
5. From the beginning of the pandemic in March, I wanted to wear a mask to protect myself from the virus. However, clients were warned that engaging in such behavior was considered a violation of face coverings policy. MSOP staff were observed warning clients that if they engaged in these behaviors they would face discipline, despite Governor Walz recommendation to wear face masks. Now, clients are forced to wear face coverings. However, most staff and clients do not wear their mask properly.
6. When staff began to test positive for COVID-19 they failed to report this to the resident population.
7. Since March of 2020, due to the increase in cleaning demand because of the pandemic, MSOP ordered all cleaning closets to be closed.
8. For me to clean my room, I have to come into close contact with a potential asymptotic staff to request and obtain cleaning supplies. Thus, most clients do not clean their room decreasing the cleanliness of the unit overall.
9. Since the COVID-19 pandemic, I have not observed an increase in cleaning measures to high touch surface areas. Some of these high touch surfaces, such as vending machines and drinking faucets were marked as off limits, rather than

simply cleaning them. More recently, garbage cans are overfilled with Styrofoam meal trays. See *TRO Exhibit C*.

10. Since March of 2020, staff are routinely observed socializing in groups of 6 to 8 behind a 6 x 14 desks area. Some of these staff are routinely seen eating or drinking from cups as an excuse not wear their masks at all times. Those same staff are later in our rooms completing alleged “window and bin checks”, not wearing PPE’s or even changing gloves between rooms.
11. More recently clinical and security counselors have been working in quarantined units to serve food and deliver property. While performing their duties they do not wear personnel protective equipment, other than a mask and gloves and then return to our unit. Routinely staff are asked how many clients have COVID-19, staff responses are they cannot give me that information due to HIPPA. Despite the fact that no private data was asked for.
12. I currently reside at the DHS MSOP Moose Lake site. This facility is identified in two parts: the “Main” which consist of six hospital units consisting of single rooms each unit holding 25 clients. These units have sufficient enough space to hold 25 clients.
13. The other part of the facility is identified as the “Complex 1 building.” Originally, the building was designed for single occupancy rooms. The building plan was then modified to double occupancy rooms. The Complex 1 units are heavily populated. Two of the units have 96 beds, whereas 3 of the units have 64 beds. In these

rooms, clients are forced to sleep no more than 30 inches away from their roommate, with no protective barrier between them.

14. In August, DHS made the decision to discontinue the MSOP's satellite treatment program at the Department of Corrections prison in Moose Lake. See TRO Exhibit D.

15. More recently, in October of 2020 group programming was rescheduled.

16. Currently MSOP has suspended their psycho-educational groups.

17. MSOP "treatment" staff informed clients that they were worried about being laid off due to therapy being suspended. Clients were informed that "budget cuts" were also reason that DHS-MSOP Department of Corrections, Moose Lake site closed.

18. When therapy was rescheduled, group was held in "treatment" rooms with a HVAC system not deigned to mitigate air borne pathogens. The groups were limited to 10 people, but that was not always followed. It was unknown to clients as to whether staff or clients were asymptomatic. See TRO Exhibit R.

19. Other care facilities, such as Keystone Bluff, have installed "Cold Plasma Generators." These are air purification systems that improve the health and safety to their residents during the COVID-19 pandemic. Cold Plasma Generators are installed to a HVAC system to provide a highly positive charge from an electric field that kills 99% of microseisms in the air and surfaces.

20. The more recent "treatment" program was designed by MSOP. It has not been used by or recognized by any other accredited agency as "medically justified." See TRO Exhibit E.

21. The therapy is not designed for any active medically based care, but is rather a psycho-educational behavioral therapy model for past crimes. See TRO Exhibit F.
22. The current Executive Director has determined that a “vast majority” of clients are not mentally ill requiring psychiatric care and treatment. See TRO Exhibit G.
23. The MSOP Executive Director, Nancy Johnston, believes that past administrative rules governing client’s medical care and treatment needed “updating”. See TRO Exhibit H.
24. Current group therapy is designed to address past criminal behaviors. However, these crimes were previously addressed by the criminal court when it imposed an appropriate length sentence to rehabilitate offending behavior. See TRO Exhibit-I.
25. After MSOP rescheduled these groups, there were shortages in treatment staff. Staff informed clients that the shortages were from staff taking precautions and self-quarantining at home.
26. Since returning to group therapy, MSOP had an increase of infection of coronavirus where I have been subjected to be locked on a unit. I have not been able to properly exercise, attend recreational therapy, vocational training or attend religious services.
27. Recently our unit received Kevin K., a client from Unit 1-E. Kevin had been informed from health services that he had been exposed to another person who may have COVID-19. Kevin never wore a mask, socially distanced from anyone, nor was isolated or quarantined.

28. Since the Peacetime Emergencies were activated, I have been assigned to work. Most work assignments include working with other clients from various units. This practice continues today, even though all units are locked down to avoid cross contamination.
29. I currently reside in Complex unit 1C – a unit currently housing 58 residents in double occupancy rooms. This unit is similar to other units in the Complex building.
30. I was recently locked in my room under MSOP quarantine recommendations for 14 days from November 26, 2020 through December 10, 2020. See TRO Exhibit J.
31. I disagree with MSOP’s punitive measure, I was locked in my room for 14 days after a negative test for coronavirus. However, the CDC recommendation is only 10 days of isolation or quarantine for *positive* tests. The CDC further recommends quarantine or isolation for 7 days for a negative test. See TRO Exhibit K.
32. This quarantine included being locked into a double occupancy room for 24 hours a day, minus a short fifteenth minute “fresh air break.” During breaks, I was limited to taking a shower or making phone calls, even if those calls were of high priority, like to my lawyer, family, friends.
33. During this time, some clients never received even a fifteen minute fresh air break to shower or call home. See TRO Exhibit-L.
34. More recently, on November 17, 2020, MSOP started Point Prevalence Survey (PPS) testing for the coronavirus. According to MSOP Health Services the “PPS” “...testing approach describes the scope and magnitude of outbreaks and to help

inform additional prevention and control efforts designed to further limit transmission among clients and staff.” See TRO Exhibit-M.

35. Despite these procedural measures that are in place, it is unknown how many active cases MSOP has. Very few clients participate in testing. The reason is likely because there are no consequences for refusing the test. MSOP does not isolate or quarantine any client that refuses COVID-19 testing.
36. Another reason for clients refusing to participate in the testing is the consequences they face if they test positive. Clients that test positive are forced to pack all their belongings and move to a isolation unit where they are “locked down” for the first 24 hours and then receive only 15 minutes out a day.
37. These procedures negatively affect my health and safety.
38. Prior to the first PPS testing on November 17, 2020, other units had already been quarantined due to an outbreak of positive coronavirus cases. Also, prior to the November 17, 2020 test results, MSOP had released those units from isolation in direct violation of CDC recommendations.
39. Shortly after testing measures were in place, MSOP placed some of those same units back on quarantine after observing a spike in clients having COVID-19 symptoms. Since that time, an increase in coronavirus has occurred and two clients lost their life due to COVID-19.
40. When Mayo Clinic Laboratories notifies MSOP Health Services of a positive case, MSOP routinely takes 6 hours or more, before notifying the client. These clients who test positive may be working or playing video games with others while staff

- is fully aware that they are positive for COVID-19. This delay increases infections to others due to nature of environment. See TRO Exhibit-N.
41. Some of the tests delivered to Mayo Clinic Laboratories have reported as leaking or broken in transit and cancelled the test. The client was not given an opportunity to be tested again. See TRO Exhibit-O.
42. On December 2, 2020, MSOP's HIMS recorded 18 current client active cases and 57 year-to-date client cases of COVID-19. On the same date, they recorded 16 current staff active cases, with 75 cases year-to-date. However, clients were not informed of these numbers. See TRO Exhibit-P.
43. Currently, MSOP has suspend services and its plans are keep the units isolated until there is no positive coronavirus in the facility. This is goal before MSOP goes back to normal programing. This could go on forever, as a majority of patients do not test for coronavirus and there will always be a staff that are asymptomatic.
44. MSOP has not recorded any observable behaviors that are abnormal or dangerous since being committed. See TRO Exhibit-Q.
45. I am not prescribed any medical based behavioral treatment at MSOP.
46. I am pre-diabetic, have high cholesterol, overweight and suffer from nerve pain.
47. I filed for a reduction in custody in October of 2018. I am currently before the Commitment Appeal Panel and my last hearing was October 9, 2020. The experts found rape is a crime and not a mental disorder. I do not have a valid mental disorder requiring treatment at the MSOP.

48. On December 1, 2020, Dr. Fouci and Dr. Ashish JHA, Dean of Brown University, School of Public Health Providence RI., appeared on the TV show the View. At that time they opined “even if you are vaccinated, a person will still need to wear a mask and social distance.”
49. On Monday December 15, 2020, I wrote a proposal to Julie Sajdak. My proposal was to assign clients to remove garbage from the units after each meal and assigned clients to clean high tough areas at various times during the day.
50. At 9.25 a.m., while on Unit 1-C, I spoke with Julie Sajdak. Her response was that staff are overwhelmed and this would require staff monitoring client to be honest of their work hours. I responded that a client’s health and safety is a less of a concern that staff shortage to monitor work hours. Ms. Sajdak stormed off the unit. Primary therapist Paul Mayfield requested that I write Clinical Director Peter Puffer.
51. Since then Ms. Sajdak has responded. See TRO Exhibit C.
52. MSOP Education Staff performed PPS testing on Unit 1-C. When I requested information on how many clients tested, as observed very few clients testing. PPS Staff Amber Lenz informed me that they could not give me that number due to HIPPA.
53. Since the pandemic I have been denied my regular visitors and video visiting is not authorized by the facility
54. Currently, I am being exposed to threats due to my participating in PPS testing as others do not want to be quarantined from someone testing positive.

I Pursuant to Minn. Stat. §358.116, I declare under penalty of perjury that everything I have stated in this document is true and correct.

Executed this December 21st, 2020, in the county of Carlton in the State of Minnesota.

/s/ Brad Stevens

Brad Stevens
1111 Highway 73
Moose Lake, MN 55767